

The 'Vaccines' Are the Bioweapon – Interview with Dr Richard Fleming – The White Rose

55-70 minutes

Dr. Richard Fleming interviewed by Mike Adams (Health Ranger Report/Brighteon)

Transcript (by expandingawarenessrealations.com):Mike Adams @00:33: "Welcome to BrighteonConversations, I'm Mike Adams, the founder and host of brighteon.com, today.

We have a special guest, first-time guest. A brilliant individual who's an author of a book called "Is COVID-19 a Bioweapon?" His name is Dr. Richard Fleming, his website is flemingmethod.com, and he is not only trained as a physicist and a nuclear cardiologist, but, of course he's an author and researcher and doctor – we're going to talk to him, ask him lots of questions about what's going on with COVID today.

So thank you for joining me. It's an honor to have you on, welcome to BrighteonConversations."

Dr. Richard Fleming @1:07: "It's my pleasure to be here, thank you for the invitation."

Mike Adams: "Well absolutely.

It's fascinating, just really fascinating to be able to hear from people like you. Let's start with some basics. Your book asks the question, 'is the COVID-19 a bioweapon?' And there's a lot behind that, but, what's the short answer? And what else does the book provide to support that?"

Dr. Richard Fleming @1:30: "Well there's – ahem, the short answer, um, I think... I'm going to leave to the readers, for them to decide. I think, uh... a year ago, that question would have been heresy, and, you know, even though I was asking it a year ago, but it's amazing how just as information comes out, people become much more aware of reality.

This book really lays out in detail a lot of information with people. It tells you to begin with what 'gain of function' is. Which is what the topic of the day is. The ability of scientists to take infections like a virus and make them more infective or potentially more dangerous. But it also, it provides a lot of information sequentially so you can understand where the moneys came from to build this virus, who published research – just literally published the research over the, you know, two to three decades, showing a nice paper trail of data, who got the patents on it, whose names are connected, how the funding got connected with it; and then, you know, really addressing that spike protein which is the actual bioweapon itself.

You know, the gain of function, man-made, altered, critical component to this virus being so infectious and dangerous – um, and amazingly enough that in and of itself explains to you why the drug vaccine biologics aren't working at this point in time. Which we can get into if we have time. And then just an explanation also about the intentional release of this, of this virus, and recognition that this is not the first one of these viruses. It's kind of a version number 2. And even though there's a number of coronaviruses, which means viruses that look like a crown when you look at them under an electron microscope, this one is the 7th one that has been identified to infect in people, and it's the 2nd one that holds the name of 'severe acute respiratory syndrome coronavirus'. And it's number 2 because number 1 was from 2002, also delivered to the world out of China. And by very much the same people."

Mike Adams @3:52: "That leads me to a recent video by Dr. David Martin that I'd like your comment on. And I just happen to have these notes in front of me here. He was referring to a patent: April 19th 2002, U.S. patent, 7279327 – in which it

appears that U.S. scientists created SARS. The – one of the early renditions of SARS, which later on was altered, was transformed to become SARS-CoV-2, eventually. But as you just said, some of these patents go back 22 years, and the research goes back even before that.

It appears that, like you said, there's a long paper trail that they have been funding these efforts and deliberately working to engineer these viral – I don't know – nanoparticles, pathogens, for some reason. But what about the motivation, then? Do you get into that in your book? What's the – why are they doing this? Why?"

Dr. Richard Fleming @4:54: "Right, well, I think to understand the motivation of the people involved, you have to understand who's involved. And when you look at, as explained in the book, where the funding from the United States came from. You know, more than 60 million dollars, which may not sound like much when we're talking about throwing a trillion out here, and a trillion out there, I mean, 60 million dollars is still a fair amount of money for research scientists to work with; particularly when you consider over three decades, that amount of money was substantial.

And you simply asked, where did that money come from? Well it came from National Institutes of Health. It came from the National Institute of Allergy and Infectious Diseases. It came from the Department of Defense. In fact, more than half of it came from the Department of Defense, along with, as you'll see in the book, a David Franz, who was a former deputy commander at Fort Detrick.

And in case anybody wants to take the argument that, 'wait a minute, Fort Detrick is the U.S. military base, it doesn't have anything to do with viruses and NIAID', I would point out to you that I have received several emails from people trying to recruit me as a physicist for imaging at Fort Detrick, of viruses funded by NIAID. So I actually have documents of my own that have been sent to me, trying to recruit me, [Mike Adams laughs: "That's great."] to be involved in this, in this work. So, I think probably not anybody else has that. Um, you need to be a physicist to get that type of query from them. So clearly they are involved.

And then you asked the question, 'what do these agencies work with?' Well, as I frequently tell people, the DOD is not involved with the girlscouts. They don't sell thin mints and they don't help boy scouts sell popcorn. Um, they do other things. And what that really means is when you get right down to it, is that if you build a biologic – like this virus – which has no beneficial effect or benefit for mankind, which it clearly doesn't, then you have violated the biologic weapons convention treaty. [Mike Adams: "Good point."] And you are now, you are now an international criminal."

Mike Adams @7:08 "Now, we spoke with doctor Francis Boyle on that issue, he's an expert in that area, but from what you're saying, I'm asking you to confirm this, if it is so, that it seems like the United States military was attempting to offshore the research in order to circumvent limitations on such research in the United States. So they funneled money through EcoHealth Alliance and Peter Daszak and so on, to the Wuhan Institute of Virology and then partnered essentially with the People's Liberation Army, controlling the Wuhan Institute.

So now you have the military of the United States and the military of China conducting research in China on biological weapons, which is obviously that intellectual property would be shared with both nations. Is that an accurate statement, or am I wrong in any point there?"

Dr. Richard Fleming @7:54: "No, that's – that's pretty good. I mean, the federal fundings in the United States, much of it, although not all of it, got circumvented through Peter Daszak at EcoHealth. He paid moneys off to Ralph Baric at the University of North Carolina, but that's not the only American Institution, and to Shi Zheng-li at the Wuhan Institute of Virology. And we've seen decades of them working back and forth.

In fact, there's some data that I have that isn't yet in the book, and I'm saving it for a special purpose, um, and I'll let your readers think about what that special purpose might be, showing that these same people also worked genetically to alter viruses so that they would escape the ability of our immune system to fight them off. And they successfully proved this. So this particular virus doesn't have that aspect to it, but clearly if you're developing one biological weapon, you know research scientists like myself don't work on a project and go, 'Well, that's good. We're going home now for the rest of our lives.' I

mean, you're constantly working on new things. And one of the ways to think about this is the United States is playing China, China was playing the United States, and look who got caught in the crossfire."

Mike Adams @9:07 "And the institution of this twisted science was playing us all, because my next question to you is about – remember when Peter Daszak authored that article, I think it was published in the Lancet, that initially proclaimed: "Oh, this is zoonotic. This couldn't possibly have come from a lab." I mean they were very insistent and they were arm-twisting and they were recruiting. And some of this came out in the FOIA request of Fauci's emails where Daszak and Fauci were coordinating this, this fairy tale, to try to proclaim this wasn't built in a lab. What are your comments on that?"

Dr. Richard Fleming @9:42: "Well, I have a very personal comment. You know, a lot of people spend their lives as research scientist, trying to become reviewers and editors for major league journals; it's a big plus for us. I resigned in 2020 from two journals: The British Medical Journal Open Quality, and the Lancet. And I did that because of this type of use of a journal that used to be prestigious, to represent science at its best, being used as a manipulative tool for somebody to drive their agenda. And that unfortunately was the prostitution of our research journals."

Mike Adams @10:22 "Wow. Wow! So, you said something to me related to this before we started our interview, that Fauci does not represent science. And, this is my next question, cause I'm very concerned about that. I mean, my background, I'm a food scientist. I run a mass spec food science lab. And we do very accurate quantitation and method development for glyphosate concentration and things like that for our business. That's what we do. We test everything. Right? So we've very practical application. And I have always believed in the tenets of science. You know, let's develop a method, let's calibrate the instrument, let's run it, let's compare it to certified reference materials, do all these things. Yeah, that's valid. That's legit. And yet I see the institution of science committing suicide! Apparently. Committing suicide – credibility suicide. What do you think?"

Dr. Richard Fleming @11:13: "Right. Well I think part of the, part of the problem is because somebody calls themselves "scientist" doesn't mean that they were actually practicing science. I mean, it's more of a pseudoscience when you get into that. I was in medical college at the time that HIV hit. You know? And we got to see it first-hand. And I am hard-pressed, and that was in the early 1980's, I am hard-pressed to find any substantive quality published research since that time that has Anthony Fauci's name to it. So... you may be in charge of an agency, but that doesn't mean that you've contributed to the field of science. Science builds upon all the work that, just as you said, you have to – you have to figure out what you're doing, research-wise, you have to figure out how you're going to answer that question, you have to be able to make your equipment work.

A good point to stop, at PCR, right there. Equipment working.

Kary Mullis developed the PCR test to look for genetic sequence. That's what the patent is for. It looks for genetic sequence. If you read that patent, Kary Mullis said you stop at 20 cycles. It gets you a 100% of the genetic material if it's there; anything else becomes gobbledy-gook, using that good scientific term that my parents taught me a long time ago. And what happened to that scientific tool? Well it got abused. By people who claim that they're running science, but didn't really understand the science.

You know, Mullis and I have two things – couple things in common. One, both patents, [owners]. And the second, we both think that Fauci is anything but science and we don't think he's much of a scientist. And we've both declared that we would love an opportunity to debate with him at any point in time about the science.

And that's an offer that, you know, I make here again, which is: Anthony Fauci – anytime, anyday, anywhere, any place, you want to have a debate about SARS-CoV-2 and real science, let's do it, so the American people can see what the truth of this is."

Mike Adams @13:18: "Is he hearing you say that, Dr. Fleming?"

This is what gives me hope in the future of science. Because you are obviously an informed, intelligent, analytical person. And this is what desperately needs to be applied right now.

Because just going back to PCR, I've heard from other people, cause I'm always interviewing and talking to people, there are individuals out there who would just go to Thermo Fisher, and they would purchase PCR equipment, that they had never been trained on, they'd never run before – and it's not that expensive, in terms of lab science. For a hundred grand or a hundred and twenty grand, you can get a PCR and a sample prep, you know, instrument. And they would run these things, and they would make a million dollars in one weekend doing tests for a local clinic or a hospital. Cause it's all being billed out to the government.

And so, this is the case, exactly as you said, it was abused! And they would turn the cycle thresholds up to 35 or more! And they're just – they're basically just reporting instrument noise. This is background noise and they call it COVID. Wow!"

Dr. Richard Fleming @14:24: "Yeah, noise to signal ratio is the physics term, and they've introduced a bunch of noise into this. You know, what we have demonstrated very clearly in the almost 2 years here is that using PCR tests, we have demonstrated that respiratory viruses are transmitted from person to person, by respiratory pathways. We have proven that the inflammation and blood-clotting that's associated with COVID-19, that I talked about first in 1994, is the cause of these diseases; that if you don't treat that, people die.

And we have shown that if you take a drug vaccine, that is directed towards just a part of one type of variant of a species of coronavirus, and you make an immune response to that, you'll make an immune response, but when you dump billions of that into the body, you'll make a massive immune response and have very adverse effects, which is what we're seeing.

It didn't make any – it didn't make any difference in the number of people who end up with the COVID or dying; vaccinated versus not. But we managed to devote massive immune responses and then we were able to put pressure on the virus to promote one of the variants, in this case delta – but there's lambda and a whole series of these that are out there, that if you actually attack one part of, in this case the virus, you'll promote the spread of the other types that are immune. Because the antibodies are completely different for that type of spike protein."

Mike Adams @15:57: "Right. Viral, just viral evolution add up to host adaptation."

Dr. Richard Fleming: "Yeah, I mean the virus – it's like antibody resistant bacteria. Those anti – those bacteria are already resistant. But if you dump antibiotics into the system indiscriminately, you'll kill off the ones that can't handle that, but the antibody resistant ones will flourish. And that's all we've done. Is we have demonstrated, wow, pressure selection works.

So we know that viruses pass by air, we know that if you don't treat patients they die, and we know that if you put pressure on a species like this virus, it will select out for the ones that are most viable to live and cause a problem. And like Albert Einstein said, "Insanity is doing the same thing over and over again and expecting a different result." Well, let me ask everybody: how did our masking, quarantining, deprivation of medical treatment, and pressure selection on a virus work? – Wait a minute. We're doing the same thing we did 2 years ago. I think that answers the question.

And, with the book, we now who know who's paying for it and the people who paid to develop it, are the same people that are blocking the treatments, are the same people getting money for the vaccines; and that should raise just a few eyebrows out there, among the at least 30% of the U.S. population that we know are beginning to listen to the science, as opposed to the pseudoscience political speech."

Mike Adams @17:29: "My, you raised so many issues here, let me see if I can remember all the questions. Just from that.

So, one thing you're referring to is the epidemiological effects of the viral adaptation pressures caused by mass vaccinations of people during a strong outbreak. Now, Geert Vanden Bossche, Dr. Bossche, if I'm pronouncing it correctly – Bossche – he's warned about that exact scenario. And he's an epidemiologist, a pro-vaccine epidemiologist, or researcher, and it seems now, when you have certain countries like Israel and Australia that are very heavily vaccinated and now they're starting to see that the severe patients who are experiencing hospitalization, have now sometimes 74% of them have been vaccinated. Is that – seeing that, is that consistent with what you are describing?"

Dr. Richard Fleming @18:23: "Absolutely. And when they talk about the unvaccinated having problems as well, well of course, because it's all been selected out to produce these slightly more infective delta variants. So yeah, they've done a brilliant job of proving science is correct, um, they just haven't figured out quite how to handle this. And that would require that they step back and go, 'You know, maybe we should have been more upfront and honest with you about what we were doing with this money and the development of this bioweapon.'

Um, because now, now these people are criminally culpable. They have violated a Biological Weapons Convention treaty. They have violated informed consent with the Declaration of Helsinki. They have violated the International Covenant of Civil Political Rights Treaty. They have violated the Nuremberg Code.

Physicians in the United States that are vaccinating people who have not read the package inserts to obtain the information about the drugs are violating their Hippocratic Oath – but, wait a minute, there's actually nothing on those package inserts. They say that they are intentionally blank, so had they read them, they would have seen that they were intentionally blank and that they don't have informed consent to give to the patients.

What we're seeing from the VAERS is that all the inflammation and blood-clotting that I warned about in 1994 is exactly what we're seeing in healthy people with this massive immune response, causing heart damage, liver damage, neurologic diseases; all the things that we've been warning about. All the things that we have made worse by the very approach that we've done to this.

And you know, if we were just human beings and we actually had gotten exposed to a virus that was doing this to us, that would be one thing, and you could say 'oops, my bad', you know, using the vernacular. But the problem is, we're the ones who developed it. And by 'we' I don't mean me. I mean the people that are talked about in this book. The people that, and you'll see in the book, where they took one part of one virus, combined it with another part of another virus, then inserted separate nuclei type bases in there to make it more infective.

I mean, this is – I don't know... you know, they might have at one point in time thought they were doing something for mankind decades ago, but when you get to the place that you've jumped evolutionary barriers, by decades and tens and hundreds and perhaps thousands of years, and produced something that we would not have to be worrying about, and now you've produced this gain of function weapon, in violation of treaties?

First off, you're criminally accountable, and secondly, anybody who requires mandated vaccines without these informed consents, have violated international treaties. And if you are an elected official, or an appointed official, and you've taken an oath to defend and uphold the Constitution of the United States, you have violated that oath. And under that oath and the Constitution, that's treason."

Mike Adams @21:36: "So what you are describing, and I think our audience agrees with everything that you've just described, but I want to ask you one step further on this.

What you appear to be describing, is a large-scale organized crime, racketeering, money-laundering operation, you know, the government's laundering money into the hands of big pharma, while big pharma is funding the FDA and funding the politicians and the CDC, which owns patents on some of the earlier coronaviruses. Probably receiving royalties of some kind on all of this. And keep people like Walensky, the director of the CDC, her husband, his company, receive millions of dollars in NIH grant money; approved by Fauci and so on.

This is an incestuous money-laundering racket with the cost being born by the people. Because the vaccine companies have legal immunity from indemnification from lawsuits. But the people then have to bear their own medical cost from the adverse reactions, long-term effects, long-term blood clot, inflammation effects; all of these things. This is – if this is all true, it's beyond insidious, it's beyond criminal, it is – it is perhaps the most diabolical attack on humanity that has ever been waged on this planet. Would that be accurate?"

Dr. Richard Fleming @22:56: "Absolutely. When Adolf Hitler started the Nazi regime, the first people that they put in concentration camps were not the Jews. It was the intellectuals. The people that would open debate discussions about

what was going on. After he accomplished that, then he went after the Jews and the homeless and anybody else he thought that was undesirable.

So the first thing you do, if you want to have this type of effect, is you take out the intellectuals so that people will not discuss and debate what's really going on and figure it out. And what happened in Germany? The doctors went along with it, the politicians went along with it, the judges went along with it. The only difference is that they really had a very small group of people that they were experimenting on, compared to what's going on today, because this is a global experiment. And you're either part of the experimental, or you're part of the control group, right now.

You know? And the data is pouring in, whether we like it or not. And history is being written whether we like it or not. So, Adolf Hitler and Josef Mengele are turning over in their graves right now going, 'wow, we could not have imagined being able to pull anything off on this massive scale'. And yet, we've shown repeatedly that if you lockdown people and quarantine them and keep them from talking, and feed them the agenda.

Goebbels – no, Goering, rather, at the Nuremberg Trial in 1947, when he was being held accountable for his crimes against humanity, looked at the prosecutors – the American prosecutors, and said, "If you want to manipulate a people, and have them do what you want as a government, all you have to do is tell them there's a problem, tell them what the answer to that problem is. Tell them that anybody who opposes that answer is a traitor to the country. And you can get them to do it."

And the Americans said, "You, you are so wrong. We live in the United States. We elect our officials." And he laughed at them and he said, "Look. A republic. A parliament. Communist. Socialist. Fascist. It doesn't matter. People are controlled the same way. You isolate them, you tell them there's a problem, you tell them what the answer to the problem is, you tell them anybody who opposes that, is a traitor to the country. You put the people against each other."

And that's what's happened. We've seen it in families. We've seen it in churches. We've seen it in businesses. We've seen it in cities. We've seen it in states. We've seen it in countries. I have colleagues in Italy that tell me right now, that the response that the non-vaccinated are receiving from the vaccinated people in Italy was the same response that they saw when Mussolini was in charge of Italy during World War 2. The same pressures, threatens, accusations; not a thoughtful discussion. You know?

If somebody is nuts, – you know, if this book is wrong, well I've pretty much laid out all the data; it's – it would be easy to refute it. The problem is, I've laid out all the data. And you can't refute it. The documents have been saved by the way, in case they try to pull them off the internet. They've been, they've been given to several sources for safe-keeping for hard copies, for use in courts around the world as we hold these people accountable."

Mike Adams @26:24: "So once again, you've – we're going to have to do more interviews, because you're, you're just flagging all of these things. Let me just, let me bring up the Stanford Prison Experiment. I'm sure you're familiar with it, it was based on the Milgram Experiment, but the Stanford Prison Experiment, for the viewers who may not be familiar, they took volunteers, who I believe were Stanford graduate students, and they divided them up. Just, half of you are going to play the role of guards, prison guards, and the other half are going to play the role of prisoners. And then they role-played that for not very long, when the guards became, you know, diabolical, cruel, in their treatment. Because they began to adopt these psychological roles.

And that's what you're describing, Dr. Fleming. Where the vaccinated, now, become the prison guards of society. And where this is going is now very clear, because the CDC has a document on their website that we're covering. It talks about "green zones", which are COVID quarantine camps.

Governor Lee of Tennessee, just on Friday, signed an Executive Order authorizing National Guard and State Guard to take people away from their homes with telephone assessments, determining who needs to be taken away, to be put into involuntary internment camps, that are being constructed in the state of Tennessee. And the CDC saying we're going to have "community level neighborhood enforcers" of some kind, who are checking in with you to make sure you're complying.

This – this is, this is an Orwellian nightmare, come to life."

Dr. Richard Fleming @28:00: "Yeah. This is Nazi, Germany. And by the way, Executive Orders don't have legal authority if the legislative bodies is Mr. Executive, in this case, the governor, you don't have the authority to do that.

And this is where I point it out earlier in our discussion. Anybody who takes the oath of office to uphold and defend the Constitution of the United States, and, same thing for their states, the supreme law of land in the United States is the U.S. Constitution. Statutes passed by the Congress of the United States and treaty law, it's in the Constitution, violation of any of those by anybody who has an oath is a violation of the Constitution, is treason by definition. Treason is punishable by death. [Mike Adams: "By definition. Also. Yes."]

By definition. Violation of the Biologic Weapons Convention treaty, the ICCPR treaty, the Nuremberg Code, and the Helsinki Declaration, are international treaty violations before the International Criminal Court, is – are crimes against humanity, just as they were in Nuremberg. So I'm calling for Nuremberg 2. We are much closer to that than anybody else has and perhaps I'll come back another day to let you know exactly where we're at on that. [Mike Adams: "We need that update, yes."]

These crimes are crimes against humanity, and they are punishable by death, just like they were in Nuremberg, and bear – remember, that in Nuremberg, there wasn't just one trial. There were a dozen of them. After the first trial, came the doctors trial, and the couple after that the jurists, or the judges, and the attorneys and the law-maker trials. They were all held accountable in International Court for crimes against humanity."

Mike Adams @29:57: "How – I don't know, the historical record in detail. How many people were sentenced to death for being complicit in that?"

Dr. Richard Fleming: "Um, I've actually got that on the site in some of the presentations I've done so I know. I can try to really pull up, real quick, one of the PowerPoint slides."

Mike Adams: "While you're looking for that, let me just tell the audience that the title of your book is, "Is COVID-19 a Bioweapon?" It's currently available on Amazon, somehow. I'm not sure how. They'll probably pull it at some point. So get it while you can. "Is COVID-19 a Bioweapon?"

Dr. Richard Fleming: "So, there were, in the initial trial, of the 24 defendants, with Goering and the rest, of the initial 24, 12 were given the death sentence. 3 were given life imprisonments. 4 were sentenced between 10 and 20 years. None of them received the treatment that they wanted. Some of them thought, well, we were – they were German high officials, they should be treated with more respect. And the court just laughed at that.

And then there were a couple, Hitler and Goering – or Goebbels, both committed suicide before the war came to an end. And Goering laughed at them and committed suicide the day before they were going to execute him. There were 12 trials, after that one came the doctors trial, and 7, there were 7 German doctors who argued that they weren't doing anything different than American and other – and Russian doctors were doing. And the truth of the matter is, they really weren't doing things worse. But they were physicians – excuse me, they were physicians who came up and said, the problem with that is that these things were wrong no matter who did it and we're not going to let them get by with it. So that was the Nuremberg Code that was developed. And uh... let's see... if I have that numbers on that.

Of the 16, let's see, of the 23 doctors, 16 were found guilty, and 7 were executed. [Mike Adams: "Wow. Wow."] So if you think you get by free on this one, um, you don't. Because as long as I'm still living and breathing, I plan to see this through. Because this is a violation. This is a violation of science. This is a violation of medicine. This is a violation of humanity."

Mike Adams @32:40: "What will it take, Dr. Fleming, before we can have that kind of public pressure to call for Nuremberg 2.0? Because, you know, looking back at World War 2, they – the Nazi regime got away with genocide for many years. Murdered millions of people, while these so-called good Germans went along with it. And it was happening in their own backyards; they wanted to be part of the party. One of the economic benefits of having the war factories running, and so on. We have a lot of good Germans in America today, I've noticed. Because they're going along with it. It might be half the country at this point. Going along with it."

Dr. Richard Fleming @33:19: "Yeah, there's a nice sign that I've seen that I'm sure has been spread around through our social media system that we have. Where it says, "If you wondered what you would've done in Nazi, Germany 1930's, you now know."

Mike Adams: "That's right. That's right. And, you can look at your friends, family members, co-workers, whatever, you can now tell who would've been right at home in the Nazi regime."

Dr. Richard Fleming @33:43: "Here's the important thing your listeners need to realize. The people that recognize there's a problem, need to reach out to the people who have been taken advantage of. Because most of the people who get vaccinated, for example, did so because they were worried about someone they loved and care about."

Vaccines don't keep you from getting infected. For them to work, you have to get infected. Okay? Vaccines don't keep you from spreading infection. They simply make it possible for your body to respond sooner, to whatever you get vaccinated with so that your symptoms are shorter in duration. Which is a great way to increase asymptomatic carriers. Or minimally symptomatic carriers. And the problem is, it doesn't do a thing for the pressure strains of the variants that exists. And those are going to continue."

These viruses have a lot of variants, we're tracking, I as a research scientist, I'm actually watching the data that's being done on the changes in these viruses to watch what's going on. To watch what changes are occurring, what changes are happening naturally, evolutionary wise to this virus. Because even though it was man-made, it's still a virus. It's a living thing, and it's making the changes like living organisms do."

Some of it looks like it's trying to delete some of the inserts that were put into it. The consequences of some of that is becoming even more infective, but it's not becoming more dangerous. Remember that if a virus becomes too dangerous, it will kill whatever it's in, and then it can't spread. So it's not like these things become more dangerous. They get dangerous enough to get their benefit, naturally, and when idiot humans work on them and make them – well, all bets are off."

And what we saw was an ideal bioweapon, because the idea of a bioweapon isn't to kill your enemy. We learned in Vietnam, my era, that if you wanted to win, you didn't shoot to kill your enemy; you shot to maim your enemy because a wounded soldier on the other side might have friends that will come to the rescue of their friend and drag them off the field. Right? Now instead of killing one person, you've taken 2 or 3 people off the field. So maiming is much more effective."

Now if you can demoralize and damage a society by putting it – I don't know – by shutdown and economic tailspin and, and keeping its people from talking, you have developed the ideal bioweapon."

Mike Adams @36:18: "But, to that point, the people who built this, and the people who have pushed this and promoted the hysteria, they have gained so much power and profit. Also through the assertion of false authority, like the CDC claiming they now control all private property rental contracts, somehow, for some reason out of the blue. But why wouldn't they now release something more dangerous and more deadly if they have it in the freezer? You know, the Fauci Freezer 2.0. Why wouldn't that now be their next play?"

Dr. Richard Fleming @36:52: "There isn't any reason why it wouldn't be. Remember earlier I made the comment that research scientists don't stop and say, "Okay, I guess we're done with this project. Let's go home." They're constantly working on it. You know, if you got the people doing what you want the people to do, well, you now have a perfect setup for continuing to run your experiment. You know? And which may not be the way people want to think about it, but it's, from that point of view, it's a great experimental design of 'what can we get by with what can we do?'"

And one thing that, you know, I didn't mention before, I was working in my Master's in psychology before I entered medical college. And so we had done all the work on these types of things, as graduate students in psychology, including the Stanford study and things like that. And it's amazing what people will do. They will do it because they like power and control. They will do it because they don't want to be hurt, and so they'd rather go along with it. It's very easy to turn people against people."

But again, going back to the idea, if you can reach out to your neighbors and your friends and the people that maybe you've been alienated from, and say, "You know, this isn't us. This isn't us fighting us." We've gotta stop fighting us and start looking at the science and the information. Which is what this book does, "Is COVID-19 a Bioweapon?" tells you what you need to know.

Well you can go find it, and prove for yourself because – like Galileo? You know? He got put under house arrest for telling everybody – most people think he got put under house arrest for saying the Earth goes around the sun. What he got put under house arrest for was saying, "You know what? Don't take my word for it. And don't take anybody else's word for it. If you look up at the sun and the stars and the moon, and you think about these few things... you know what? You're smart enough to figure this out on your own."

And oh my goodness. Do we really want people having common sense and saying, wait a minute. If this approach was so good, why would we have to offer Krispy Kreme donuts, and marijuana, and lottery tickets, and major league baseball tickets – I mean, we wouldn't have to bribe the American people for doing that.

Recognize that, as a research scientist with 53 years, if these drug vaccines had actually been tested properly, and done correctly so that they produce the desired end result? I'd be the first person in line saying, "Go get 'em!" That's not what you're hearing. What you're hearing, is that's not what's going on, and these are the people who built it."

Mike Adams @39:26: "Okay, your experience in psychology leads me to this next question. One of the things that we find, in trying to reach out to people, is that those who have already taken the vaccine, then, they of course are now looking for data and filtering out anything, so that they can reinforce their previous behavior. So they're taking the vaccine, they cannot cognitively accept contradictory information that would show, retroactively, that they made a bad decision. That phenomenon is very real."

Dr. Richard Fleming @39:57: "Right. Right. But here's the good news for them. Because part of the problem for them is that they're going, "Well, if I accept that, now it means... I'm in trouble. And the people that I thought I was protecting are in trouble."

Well here's the good news. Number one: it turns out that we did research on people that had the infection or developed COVID-19 and we showed success in 99.83% of the cases by treating the inflammation, the blood clotting and the attachment of the virus and its ability to replicate. So with the stress of all this, I actually put together a protocol based upon prior published research, from lots of different people. You can go to the website, the one area of published research on SARS has more than a hundred and sixty research papers on it."

Mike Adams @40:47: "And this is all at flamingmethod.com?"

Dr. Richard Fleming: "Flemingmethod.com. That will explain these different drugs, and the vaccines themselves. The EUA documents. And drugs that work and why they work.

So one of the examples is, Ivermectin has not been known, the way I do it, with tissue measurement, to interfere with the attachment of replication of the virus. What it has been shown to do, is protect the nucleus of the cell from being, from having genetic material from outside the cell get into your cell and become part of your DNA.

So one of the problems of the vaccines, is it's dumping BILLIONS, versus hundreds of viral particles, but BILLIONS of genetic codes for spike proteins. And we're talking for Pfizer/Moderna, 13.1 billion, and for Janssen and AstraZeneca, 50 billion. You know. In Novavax it's nothing more than just dumping in a load of that spike protein made inside moth cells. And God knows what's actually in the spike protein since it had to get in the DNA of the moth cell to then be made.

I mean, you know, at what – I don't know. Right? Because they're not actually showing it, so injecting that is not more intelligent. It's injecting spike proteins made by moth cells, into you, with probably something else.

And so, what these protocols that I put on the website for people who have been vaccinated or have shedding problems, which we know shedding's a real thing because the FDA and Health and Human Services published 2 papers: 1 in August of 2015, talking about, what do you do with mRNA and DNA viral and bacterial gene therapies? Their words, not mine. And then in January of 2020, came out with an updated report, FDA and Health and Human Services and CDERS on the shedding byproducts are the products of what you inject in the body. Which are, you know, spike protein and who knows what else? Right?

So as a result of that, we've put together the best evidence available, treatment protocols, and we have been testing that in Europe and some places in the United States, and we're seeing positive results from people. So we know the sooner that gets started the better, and, you know, if you're not symptomatic, you don't see anything, you know, you have nothing to measure. But it's not a done deal just because you got vaccinated and you had problems or you're concerned about it.

We know from the animal models right now that the humanized mice developed brains that look like sponges; so what I would call spongiform encephalopathy, and what the general public calls mad cow disease. We know the rhesus macaque animal models – the rhesus macaque animal models showed Lewy bodies, which causes Alzheimer's disease in the brains of all the animals that were given these spike proteins. We know this is true whether you get it naturally or by the vaccine. The difference is that these drug vaccine biologics have BILLIONS compared to hundreds or thousands. Right? So you don't have to be a rocket scientist. You don't have to have a PhD, MD, JD to figure this out. You know, my parents would have told you, "Yeah, billions versus hundreds, big difference."

Mike Adams @44:12: "But, but I've actually, I've heard from people who were trying to justify why they took the vaccine, and they would actually tell me that they wanted the smallest possible exposure and that the vaccine could provide that. And I said, "Are you kidding me?" I mean, that's not a small exposure. What are they injecting – 250 microliters? And, you know, spike protein particles are really tiny. So there's a lot of 'em in there."

Dr. Richard Fleming @44:37: "Yeah, when you do the math, and you can – there's actually, I've got that on the website so you can do the math based upon the volume, and for the lipid nanoparticles, Pfizer and Moderna, it's 13.1 BILLION. And Janssen and AstraZeneca it's 50 BILLION. Okay? [Mike Adams: "Incredible."]

And you have to understand, once you appreciate that this spike protein is a man-made gain of function bioweapon, and then you realize that the vaccines are nothing more than the genetic code for the bioweapon, now you realize that the vaccines ARE the bioweapon. In addition to the virus."

Mike Adams @45:16: "But, what you're saying makes perfect, logical, rational sense. But how can mainstream doctors be so self-convinced it seems, when you can give them research. Hey, the Salk Institute says the spike protein causes widespread vascular damage, and the spike protein is IN the AstraZeneca vaccine that's been linked to blood clots and so on. And they will – they will somehow, they will delete that from their consciousness. They will say that they don't believe there is a spike protein. Or that they think that that antigen target is harmless. They just delete, from their consciousness – It's like, it's like mass hypnosis or something. Really."

Dr. Richard Fleming @45:27: "Yeah, and one of the reasons we're having so many papers – that 160+ papers and it's growing every day, on the website, is doctors do want to do the right thing, by and large. But they haven't had the data. They haven't known where to go look for it. And they haven't had the data to look and say, "Wait a minute. This was a gain of function bioweapon. This was something man-made."

The benefit of putting this information out there, for the general public to read, and for the doctors to read, is to bring everybody up to speed. You know, last year, a year ago, I'd have said, "You know what, doctors? I get it. You're just going along with what we've done before. We know vaccines can be beneficial for people."

I'm not anti-vaccine. I'm just anti-bad medicine. Okay? People have heard me say that now probably too much. But I'm just anti, anti-stupidity, okay? Richard doesn't suffer fools gladly. That's what my original mentor used to tell people. And I don't.

I don't. I don't care what position or power, authority they have. And the more of that they have, the more responsibility they have to be honest and upright, and honest with people.

So the truth of the matter is, a year ago, I could give a break to my medical colleagues and say, "Okay, you just didn't know. You were going along with what's been taught. But look guys. We've never seen this much of a blithering disaster before in our lives." Right?

I mean, we've never had a problem where we've promoted a variant that's more infective of something as a result of the vaccines we've done. Our vaccines in the past have taken a virus, say... measles. Okay? And we've taken the whole, the whole family of measles, right? You know, because there's not one thing. It's just one human, right? Humans vary, but they're all humans. There's not one type of bacteria, you know, e. coli, but there's a variety of them, but they're all e. coli. Well there's not just one type of SARS-CoV-2. There's varieties of those.

So in the past we've always taken those viruses, we've weakened them, attenuated them, and then injected it into people. So what did people see? They saw all of them. And they saw all the parts of the virus. So they didn't just see a spike protein. They saw the nucleocaps, and the envelope, and the HE and all the other components of it that they can then make antibodies to, and t-cell responses to. So if they saw any of that in the future, they responded.

What did we do this time around? We didn't give you the whole thing. We gave you the genetic code of a bioweapon, of one type of spike protein, so that the further you get away from that, the less likely you'll respond to it, and you won't recognize the virus if you get a variant of it for real, because not only will the spike protein be different, but you'll never have had any exposure, the HE component, or the envelope component, or the nucleocapsid component. So it's all brand new to you; you've got NO immunity.

And there's papers that have been published that show that people with natural exposure to SARS-CoV-2 have long lasting natural immunity with t-cell and antibody major responses – it doesn't matter how bad the exposure was or how bad the infection was. And there's data that shows that there's no relapse for people who have had influenza A inside a megalovirus.

Mike Adams @49:14: "Yeah, robust natural immunity was the term. Now, now Dr. Walensky of the CDC has admitted a recent quote. She said that we're only a couple of mutations away from the original vaccines being completely ineffective. So, she's saying what you just said. I mean, she's confirming it. That's almost a direct quote from her. It's astonishing! Even they realize their vaccines are failing."

Dr. Richard Fleming @49:40: "This is a dog chasing its tail. And while that's fun to do with a dog, particularly if it's your dog and you like him, okay? This isn't exactly the same thing, is it? I mean, people – people are dying, because they get infected and then when they get ill, they're not getting treatment. That doctors KNOW work. Okay? These agencies do not have the legal authority to be telling doctors not to use these treatments. [Mike Adams: "It's extraordinary."]

Agencies don't have the right to ship people off to camps. That governor, doesn't have a legal right in his state, to do that. His legislature needs to step up, the people in that state need to look at their elected officials and go, "Guys. You want to be elected next term? You need to put a hold on this. You don't have this authority." This did not become the Third Reich/Fourth Reich in the last 2 years. Even though they've been playing with this for 3 decades."

Mike Adams @50:41: "Well, knowing some people from Tennessee, I have a feeling there's going to be a shorter John Rope coming up real soon. But we'll, we'll leave that to people's imagination.

Let me ask you about inflammation. This is our last 5 minutes here. You're an expert on inflammation and I think one of your patents you said relates to the measurement of inflammation in tissues. I want to ask you about your estimate of the progression of the inflammatory response, specially based on the mRNA technology that's causing people to generate these spike protein bioweapons in their bodies.

And again, the Salk Institute says, yeah, these spike protein cause vascular damage. We've seen blood clots, especially in young, healthy males with otherwise healthy cardiovascular function. We've seen myocarditis, we've seen strokes, we've seen heart attacks, lots of things.

What's the prognosis if people don't do the things that you describe on your website? Because there are interventions that can be post-vaccine interventions, that can help tremendously. But if they don't do those things, because it's all being censored, what's the progression that we can expect to see even antibody dependent enhancement?"

Dr. Richard Fleming @51:46: "Yeah, so an antibody dependent enhancement is very unique to this virus. Which is also another trigger for you to realize that it's not a naturally occurring one. Because in this virus, the antibody dependent enhancement is actually the result of antibodies being made to the end terminal domain of the spike protein. And when those antibodies attach, they open up the spike protein and make it 4 to 10 times as infective. That's the real antibody dependent enhancement.

It's different than anything we've seen before. But this is – so the body is going to produce this InflammoThrombotic Response that I talked about originally in '94 or '95, put in my textbook in '99. Did the bacterial work from 2000 to 2003 and was on 20/20 talking about it in 2004, so you would've thought we'd have this down by now. But your body sees something infected, whether it's a spike protein or the virus, and it dumps chemicals from your t-cells to try and kill anything that's been attached to it, to try to stop the replication of the virus. That happens at about 3-5 days, and then in 7-10 days your b-cells kick in and do much of the same thing chemically, but then also make antibodies. Right? So they're going to go in and they're going to attach to that tissue.

Now, all you need to go back and do is look at strep pharyngitis, when people get strep throat and doctors like myself say, particularly cardiologists like myself say, 'you need antibiotics for that'. Why do we write that? Because those antibodies that respond to streptococcus pneumoniae, or what you call strep throat, also recognize the valves of your heart as looking an awful lot like it, and produce rheumatic heart disease. There's different heart valves. And over the course of time, you'll end up with a valve replacement. So when these attacks occur on your heart, if you don't stop them sooner than later, it causes inflammation and damage and weakness to the heart. And the longer that goes on, the more that damage is going to occur and it's going to add up over the course of time.

And you're going to take, for the love of God, vaccinating our kids, and – and you know, all the way down, and our college students, our university students, our athletes, with these – these vaccines that are producing, we know, 6,000 cases so far reported on VAERS of heart attacks, or damage/death to the heart. And cardiomyopathies, or inflammation of the heart that produce viral cardiomyopathies – that we've known about since, I don't know, at least I – when I was in medical school in the Dark Ages in the early 80's, 1980's, it's going to get progressively worse and worse and worse.

We know from the animal models that the brain disease that occurs in those animals means that at about a year and a half, we're going to start seeing this occur in people. Now it's going to depend on how much they got exposed to, and how much got into the brain, how much damage was done to the heart. But we're going to see these progressive diseases take more and more of a toll if people don't take action to address them."

Mike Adams @54:46: "Well Dr. Hoffe from Canada has spoken about using d-dimer tests, I believe to – and some microscopy, to look at micro blood clots in the vascular system of post-vaccine patients. And he's expressed tremendous concern about medium term 2-3 years out, vascular damage that is accumulating and leading to severe cardio events. Have you seen what he's talking about?"

Dr. Richard Fleming @55:16: "Yeah, FlemingMethod is the only way that – is the way that we monitored those treatments so we can fine-tune in our study what was going on. And you can monitor people every 3 days and you can see the change; you can see whether they're getting better on the treatment or not making any change or getting worse. So this stuff doesn't take a ton of time to start seeing any effect.

You know, once the immune system kicks in, 3-5 days for t-cells, 7-10 days for antibody production, from the delayed humoral response, and you're going to start seeing damage occur. If you don't do something about that damage, and you develop COVID-19 as a result, you're going to see the consequences of that. A slow smoldering process is still a fire that's burning. It may not end you up in the hospital, but it's going to – and it's going to depend on the person. How bad that turns out over the course of time. And we're going to get to see it."

Mike Adams @56:12: "I've got to ask you this question. I hope you can stay another couple of minutes, but, what about the proinflammatory properties of certain low-grade seed oils that are heavily used in the diet – such as soy oil, corn oil, and so on – perhaps canola. Do you think there's kind of a confluence of synergistic toxic effects from COVID-19 vaccines, spike protein injections, and dietary factors such as proinflammatory ingredients?"

Dr. Richard Fleming @56:41: "Right, so the original theory that I talked about in 1994 that's on the website, includes all of those factors together. I mean, basically I joined American Heart in 1976 as the youngest faculty member ever. And that put me on 3 major committees right upfront: Basic Cardiac Life Support, Advanced Cardiac Life Support, and the newly formed Physician Cholesterol Education Faculty.

So I went around talking about cholesterol and training physicians and the general public on all these different aspects. And then in 1994, after doing a lot of research on heart disease and diets and, you know, I was, I did several dietary studies; I've done more dietary studies that I ever wanted to do in my life, on the effect of various diseases including heart disease.

And in 1994 I walked into American Heart and I said, "Look guys, okay, I've been – I've looked at my data, I've looked at all the other data." You know. I've looked at data outside of the U.S., outside of medicine; I've looked at everybody's data. I had something like 5 or 6 hundred papers at that time, and I said, "Here's the 12 things that I think play a role to varying degrees in different people. Much like a spider's web, where you can tug on one part, it'll affect everything else. And it produces this inflammation wall of the arteries, make it impossible for the arteries to relax and carry more blood flow, and that's really what heart disease is." And I got told I didn't know what I was talking about, you know.

In fact, the HERS 2 trial, or HERS trial was coming out where they were talking about estrogen replacement, and I said, "Look. This is going to be a problem." And they said, "No no no. We know this is going to come out well." And that study they presented in '94, they said, "Whoops. Look. So bad. This actually causes more heart disease." And I said, "Really? You think so?"

Because what I was trying to tell people is, what are the general practice doctors, the family practice doctors usually do when they talk to young women that are just getting married and they say, "Doctor, I don't want to have children right away. I want to just have time with my husband." So they prescribe them birth control pill. Right? Estrogens, right? Right? And what's the question the doctor says? "Well, you have any clotting problems in your family?" Why? Because we know that with the estrogens at that level, and clotting problems, you end up with problems.

Well, gee. I was part of the theory. So the theory said, yeah, cholesterol, triglycerides, saturated fats, highly processed foods, homocysteine, lipoprotein little a, fibrinogen, manipulation of things, bacteria, and viruses. All played a role, and some other things that I'd have to go look at the theory again. I put it in a nice schematic for people. All play a role to varying degrees.

So, when this hit, all SARS-CoV-2 did was, deformatly prove the entire theory. Which wasn't exactly what I was going for. But you know, back in the 90's, I was working on these neuro five ac receptors, that I had concerns about as far as causing inflammation from animal, animal meats, and what was going – it turns out that that's exactly what these people were working on the virus at the time, because the GP120 uses that same receptor. It's called a sialic raft receptor, just to first hook into to help stabilize the virus to infect. But it's also a prion region of that.

So, and when Shi Zhengli, as you'll see in the book, put glycoprotein 120 in 2004, my original thought was she was doing it to try and get it into the nucleus of the cell, because she didn't have that data. The Human Genome Project was being completed at that time showing that you didn't need to do it that way. The cells would do it if you give them the right virus or

bacteria. But what it did do is it anchored into the cell, and it's a prion. And she knew that, because the data was already published in 2004 that showed GP120 produces prion diseases.

Well, it got put into the spike protein, along with everything else, produced another prion region of the spike protein that attached. That's the regional binding site that attaches to the ace2 receptor. So, they knew this, they played with it, they intentionally did it, they knowingly did it. They violated international treaties. Violating informed consent violates more of those international treaties. So, yeah. All these things play a role."

Mike Adams @1:01:01: "What if the, the Fauci 2.0 Special, that they might release next, this gets back to something you mentioned right at the very beginning, that the research was continuing into pushing what sounds like HIV portions, into the genetic code to achieve some sort of immunodeficiency effect? What if that's the next bioweapon? It's an aggressive, now novel bioweapon; none of the current vaccines touch it at all. It causes more vascular damage and it turns off the immune system. Wouldn't that be kind of a global killer right there? Like a – like an extinction level, you know, attempt?"

Dr. Richard Fleming @1:01:41: "One of the things you're going to see in the book is that there's 1,770 nucleotide bases in the spike protein, that are identical to HIV and SIV, which is simian immunodeficiency virus.

Mike Adams: "Okay. All right. So we're not too far off the mark. Yeah, exactly. Wow. Well I hope, I hope – I mean, I can ask you questions for hours if you had the time, but I hope you'll come back and do this again. You're a fascinating individual, I really honor your courage in speaking out, but also the brilliance of your understanding of this. I think it – if science is to be saved at all, it's going to be due to people like yourself, by the way. So thank you for what you're doing. And thank you for joining us today."

Dr. Richard Fleming: "Thank you. My pleasure to be here."

Mike Adams: "Absolutely. Now, folks, Dr. Fleming's book is, "Is COVID-19 a Bioweapon?" Check out his website, I'm going to: flemingmethod.com. Now I'm fascinated about all his research into inflammation prevention.

I'm drinking my turmeric smoothie right here. This is part of my anti-inflammatory response. My neuro-protective potion, right there.

So, spread the word, folks. This is going to be censored on youtube, but you are free to post it everywhere else. Thank you for watching. I'm Mike Adams, the founder of brighteon.com. Take care."

Dr Richard Fleming's website: <https://www.flemingmethod.com/>

Book 'Is Covid-19 a Bioweapon?' here: <https://www.simonandschuster.co.uk/books/Is-COVID-19-a-Bioweapon/Richard-M-Fleming/Children-s-Health-Defense/9781510770201>
